

<b>Case Number:</b>	CM15-0053239		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/28/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on February 28, 2007. He reported sustaining cumulative trauma injuries, developing pain and discomfort in his upper and lower back, left shoulder, and right leg, with aggravation of his hypertension and cardiovascular problems. The injured worker was diagnosed as having lumbago and left shoulder impingement. Treatment to date has included chiropractic treatments, MRI, x-rays, PET scan, lower back fusion surgery, physical therapy, nerve block injections, electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of lower back pain that radiates to his right lower extremity and bilateral feet. The Primary Treating Physician's report dated February 3, 2015, noted the injured worker's pain was controlled with the current pain medications. The left shoulder range of motion (ROM) was noted to be restricted in flexion and abduction planes with a positive impingement sign. The lumbar spine was noted to have tender paravertebral muscles with spasm, and restricted range of motion (ROM). The Physician noted the sensation was reduced in the left dermatomal distribution of the lumbar spine. The treatment plan was noted to include continuation of current pain medication, with a request for authorization for Orphenadrine ER, Hydrocodone/APAP, and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Orphenadrine extended release (ER) 100mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** The injured worker sustained a work related injury on February 28, 2007. The medical records provided indicate the diagnosis of lumbago and left shoulder impingement. Treatments have included chiropractic treatments, lower back fusion surgery, physical therapy, nerve block injections, and medication. The medical records provided for review do not indicate a medical necessity for Orphenadrine extended release (ER) 100mg #60 with 2 refills. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain, but the records indicate the injured worker has used this for at least six months without improvement. Orphenadrine has been reported in case studies to be abused for euphoria and to have mood elevating effects. It used as 100 mg twice a day. The request is not medically necessary.

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on February 28, 2007. The medical records provided indicate the diagnosis of lumbago and left shoulder impingement. Treatments have included chiropractic treatments, lower back fusion surgery, physical therapy, nerve block injections, and medication. The medical records provided for review do not indicate a medical necessity for Hydrocodone 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using opioids for more than six months without overall improvement. The request is not medically necessary.

**Oxycontin 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on February 28, 2007. The medical records provided indicate the diagnosis of lumbago and left shoulder impingement. Treatments have included chiropractic treatments, lower back fusion surgery, physical therapy, nerve block injections, and medication. The medical records provided for review, do not indicate a medical necessity for Oxycontin 20mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using opioids for more than six months without overall improvement. The request is not medically necessary.